

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-19-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99214.

II. FINDINGS

1. The respondent paid \$0.00 based upon "N – Documentation does not support the service billed. Carriers may not reimburse the service at another billing codes' value per rule 133.301(B). A revised CPT code or documentation to support the service billed may be submitted."
2. Total amount in dispute per TWCC-60 is \$71.00.
3. The insurance carrier submitted a timely response to the request for medical dispute resolution.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-31-02	99214	\$162.00	\$00.0	N	\$71.00	Evaluation & Management GR (VI) CPT code descriptor	Office visit report supports billed service, reimbursement of \$71.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 99214 in the amount of **\$71.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$71.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 3rd day of June 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division